

ENTRON SECURITY SERVICES

Daily Security Report

Client No. 2036 O.H. MAterials					LOCATION Date 1002 05 LCGO 54 UTICA 5/18/8/7			
Facility Detex Clock Weapon No	Hoister	Nightsffek Raiad	oat Flashlight	Other	1 // -	T UTICA	2/18/8/	
Officers: Fully explain all items marked "Yes" with time and all detail. For additional space use reverse side and attach incident reports.	Officer—Day		Officer. Officer. Shift AMPPO Began	Swing Shift (Name)	vendo Loud 12 Com	Officer—Grave Shift (Name) R. Kokozki AMPM Ended & AMPM	
Observations or actions taken	Yes No		Yes	No No	Explanation	Yes No	Explanation Explanation	
Rounds or stations missed	L	/		U		1/1		
Unlocked doors, gates or windows	V			0				
Unlocked vaults or safes	L							
Fire-smoke-or hazards	L							
Extinguishers missing or defective	4					1		
2. Sprinkler system defective	~	/		-				
3. Fire doors or exits blocked	<u></u>							
4. Rubbish accumulation	C							
5. Motors running	U							
6. Lights left burning	\ \\		レ	A15 [egulipa	1-1	IGHTS OUT AT 0530	
Injury hazards	v	-			70.70	1	-10412 001 111 03-0	
Visitors & PA J OHM	men	- on sit.				1		
Trespassing	V			//		1		
Violation of company rules	U					1		
Remarks 0917 - Ban Have	diner ?	indear arater Com	letroner on	itte water	0940.	EK	10	
1608 Jury Walter napore on inte (1335 miles mughy 505 International 1346) (2 Moch Toylor rental 1345)								
IMPORTANT: If you were ill or injured please explain on the reverse side of this form and call your supervisor before leaving this post.								
1. Were you injured during this tour?		Day Shift 1. Yes No Yes No	2. Yes No	3. Swing Shift 1. Yes No Y	es No Yes N	3 Grave Shift	1 2. 3. Yes No Yes No	
2. Did you suffer any illness?		Yes (No). Yes No	Yes No		es No Yes No	<u> </u>	Yes No Yes No	
3. Have you reported all accidents coming to	your attention?	Yes No Yes No	Yes No		es Np/ Yes N	yes No	Yes No Yes No	
	Signatur	Day Shift	- Felix	Swing Swing	De Vent	Grave Shift	k Yokorski	
	Signatu	res 2.	~ ~	2		2.		
	Signatu	res 3.		3	•	3.	439160	